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CONFIRMATION NO. 6196

Bib Data Sheet

SERIAL NUMBER 09/553,877	FILING DATE 04/20/2000 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 91164-9004
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APPLICANTS

Gerald Peters, Kiowa, CO;

Jon Sykes, Glenview, IL;
 Arthur Pennington, Buffalo Grove, IL;

** CONTINUING DATA *****

This application is a CIP of 08/673,647 06/25/1996 PAT 6,714,914
 which is a CON of 08/285,501 08/03/1994 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/26/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CO	5	20	8
Allowance <i>Carr</i> Examiner's Signature	Initials <i>CB</i>			

ADDRESS

22830
 CARR & FERRELL LLP
 2200 GENG ROAD
 PALO ALTO, CA
 94303

TITLE *A system for preDefining via AN Activity's Scheduler First types of entered DATA that are processed by an activity processor in real time & second types of integrated system for the administration of an insurance company DATA that are queued for processing*

*entered
Another
time*

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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Bib Data Sheet

SERIAL NUMBER 09/553,877	FILING DATE 04/20/2000 RULE -	CLASS 705	GROUP ART UNIT -2768 3620	ATTORNEY DOCKET NO. 91164-9004
APPLICANTS Gerald Peters, Kiowa, CO ; Jon Sykes, Glenview, IL ; Arthur Pennington, Buffalo Grove, IL ;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 08/673,647 06/25/1996 ABN <i>CB</i> <i>verified</i> WHICH IS A CON OF 08/285,501 08/03/1994 ABN <i>CB</i> <i>verified</i>				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/26/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and <i>CB</i> Acknowledged <i>CB</i> Examiner's Signature Initials		STATE OR COUNTRY CO	SHEETS DRAWING 5	TOTAL CLAIMS 20
			INDEPENDENT CLAIMS 8	
ADDRESS Robert S Beiser Michael Best & Friedrich LLP 100 East Wisconsin Avenue Milwaukee, WI 53202-4108				
TITLE Integrated system for the administration of an insurance company				
FILING FEE RECEIVED 1210	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	